



Supplemental Application Data Sheet

Application Information

Application number::	10/600,167
Filing Date::	06/20/03
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	2821
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	FLASHLAMP DRIVE CIRCUIT
Attorney Docket Number::	105090-0087
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	4
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Russian Federation
Status::	Full Capacity
Given Name::	Mikhail
Family Name::	Inochkin
City of Residence::	St. Petersburg
Country of Residence::	Russian Federation
Street of mailing address::	Kronverskyi pr. 73/39 Apt. 29
City of mailing address::	St. Petersburg
Country of mailing address::	Russian Federation

Postal or Zip Code of mailing address:: 197198

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Russian Federation
Status:: Full Capacity
Given Name:: Vycheslav
Middle Name:: V.
Family Name:: Togatov
City of Residence:: St. Petersburg
Country of Residence:: Russian Federation
Street of mailing address:: Severnyi pr. 8, k.1
Apt. #367
City of mailing address:: St. Petersburg
Country of mailing address:: Russian Federation
Postal or Zip Code of mailing address:: 194354

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Russian Federation
Status:: Full Capacity
Given Name:: Peter
Middle Name:: O.
Family Name:: Gnatyuk
City of Residence:: St. Petersburg
Country of Residence:: Russian Federation
Street of mailing address:: Stoljarnyi per. 18/69
Apt. #33
City of mailing address:: St. Petersburg
Country of mailing address:: Russian Federation
Postal or Zip Code of mailing address:: 190031

Correspondence Information

Correspondence Customer Number:: 021125

Representative Information

Representative Customer Number:: 021125

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	10/267,610	10/09/02
This Application	Continuation of	09/797,501	03/01/01

Assignee Information

Assignee name:: PALOMAR MEDICAL TECHNOLOGIES, INC.

Street of mailing address:: 82 Cambridge Street

City of mailing address:: Burlington

State or Province of mailing address:: MA

Postal or Zip Code of mailing address:: 01803

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